Request Number: _____

Public Records Office
Business Services
Kamola Hall, RM128
400 E University Way
Ellensburg, WA 98926-7474
Phone (509) 963-2310
Fax (509) 963-2336
E-mail: publicdisclosure@cwu.edu

REQUEST FOR PUBLIC RECORDS

I. IDENTIFICATION		
Name of Requester	Date of Request	Time of Request
Representing (if applicable)	Email address	Telephone
Street Address	City	State/Zip Code

II. NATURE OF REQUEST

In the space below, please describe the University records which you are requesting. When possible, include the person(s) referenced, type, content and date range of the records.

☐ I choose to inspect the records at no charge before selecting copies.
☐ I choose to request reproduction of the records.

RCW 42.56.070(8) prohibits public agencies and institutions from providing access to lists of individuals for commercial purposes. If the records you are requesting includes a list of individuals, then by submitting this form you agree that these records will not be used for commercial purposes.

Requester's signature:_____ Date:_____

OFFICE USE ONLY

III. DATE REQUEST WAS RECEIVED